

| | |
|---|-----------------------------|
| <010> Study Area Code | 448040 |
| <015> Study Area Name | Texas 10, LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Ana Bataille |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 6105356911 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | abataille@cellonenation.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

| | |
|--|--|
| Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) | |
| I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | Texas 10, LLC |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date 06/25/2015 |
| Printed name of Authorized Officer: | Ana Bataille |
| Title or position of Authorized Officer: | Tax & Regulatory Manager |
| Telephone number of Authorized Officer: | 6105356911 ext. |
| Study Area Code of Reporting Carrier: | 448040 Filing Due Date for this form: 07/01/2015 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| | |
|---|--------------------------------|
| Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier | |
| I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer or Employee: | Date: |
| Printed name of Authorized Officer or Employee: | |
| Title or position of Authorized Officer or Employee: | |
| Telephone number of Authorized Officer or Employee: | |
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|--------------------------------|
| Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | |
| Name of Authorized Agent or Employee of Agent: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Printed name of Authorized Agent or Employee of Agent: | |
| Title or position of Authorized Agent or Employee of Agent: | |
| Telephone number of Authorized Agent or Employee of Agent: | |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | abataille@cellonenation.com |

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

| Select (Yes, No, Not Applicable) |
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| | | |
|-------|---------------------------------------|------------|
| <200> | Date Authorized to Receive Support | 08/16/2013 |
| <201> | Targeted Completion Date | 08/17/2015 |
| <202> | Total Mobility Fund Support Awarded | 85329.00 |
| <203> | Total Mobility Fund Support Disbursed | 28443.00 |

<210> Actual Completion Date

<211> Project Status Description (attached)

448040_PSD_TX.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

| | | |
|-------|---|-------------------------------------|
| <212> | Status of Network Deployment - Network Design | <input checked="" type="checkbox"/> |
| <213> | Status of Network Deployment - Construction | <input checked="" type="checkbox"/> |
| <214> | Status of Network Deployment - Deployment | <input checked="" type="checkbox"/> |
| <215> | Status of Network Deployment - Maintenance | <input checked="" type="checkbox"/> |
| <216> | Project Budget Status | <input checked="" type="checkbox"/> |
| <217> | Project Plan Status | <input checked="" type="checkbox"/> |

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

☒ ☐

| | |
|---|-----------------------------|
| <010> Study Area Code | 448040 |
| <015> Study Area Name | Texas 10, LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Ana Bataille |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 6105356911 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | abataille@cellonenation.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Texas 10, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/25/2015

Printed name of Authorized Officer: Ana Bataille

Title or position of Authorized Officer: Tax & Regulatory Manager

Telephone number of Authorized Officer: 6105356911 ext.

Study Area Code of Reporting Carrier: 448040

Filing Due Date for this form: 07/01/2015

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| <039> Contact Email Address - Email Address of person identified in data line <030> | abataille@cellonenation.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent:

Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent:

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

| | | |
|-------|---|-----------------------------|
| <010> | Study Area Code | 448040 |
| <015> | Study Area Name | Texas 10, LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ana Bataille |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6105356911 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | abataille@cellonenation.com |
| <140> | Coverage and Performance Report Year | 08/2014 - 07/2015 |

[illegible]

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FCC Form 690 – Coverage and Performance Data Update

Texas 10, LLC (“Texas 10” or “the Company”) has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company’s construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company’s disbursement request filings for additional coverage and performance information.

Texas 10, LLC
Form 690 – Annual Report for August 2014 – July 2015

Project Status Description

Item: SAC 448040
County/State: Shelby, TX
Total Award Amount: \$85,329.00

Project Description

The initial Project Description for this project was filed by Texas 10, LLC (“Texas 10” or “the Company”) on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

Accepted / Filed

JUN 25 2015

Federal Communications Commission
Office of the Secretary

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040> ☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<050> Carrier Contact Information (complete attached worksheet)

<050> ☒

<060> Coverage and Performance Report (complete attached worksheet)

<060> ☒

<070> Urban Rate Comparability Certification (complete attached certification)

<070> ☒

<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)

(If yes, complete the attached worksheet)

<080> ☐ ☒

<080> ☐

<090> Project Update Information (complete attached worksheet)

<090> ☒

<100> Certifications

<101> Reporting Carrier Certification (complete attached certification)

<101> ☒

<102> Agent Certification (complete attached certification)

<102> ☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | abataille@cellonenation.com |

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

| | | |
|-------|-----------------------------|----------------------------------|
| <110> | FCC Registration Number | 0017235110 |
| <111> | Filing Carrier Name | Texas 10, LLC |
| <112> | Winning Bidder Carrier Name | Texas 10, LLC |
| <113> | Street Address (or PO Box) | 1170 Devon Park Drive, Suite 104 |
| <114> | City | Wayne |
| <115> | State | PA |
| <116> | Zip-Code | 19087 |
| <117> | Telephone Number | 6105356911 ext. |
| <118> | Fax Number | 6106885209 |
| <119> | Email Address | abataille@cellonenation.com |

Contact Information

if same as above, indicate in this box



| | | |
|-------|--------------------------------|----------------------------------|
| <120> | Name (First, MI, Last, Suffix) | Ana Bataille |
| <121> | Filing Carrier Name | Texas 10, LLC |
| <122> | Street Address (or PO Box) | 1170 Devon Park Drive, Suite 104 |
| <123> | City | Wayne |
| <124> | State | PA |
| <125> | Zip-Code | 19087 |
| <126> | Telephone Number | 6105356911 ext. |
| <127> | Fax Number | 6106885209 |
| <128> | Email Address | abataille@cellonenation.com |

Authorized Agent Information

if no agent, indicate in this box



| | | |
|-------|--------------------------------|--|
| <130> | Name (First, MI, Last, Suffix) | |
| <131> | Company | |
| <132> | Street Address (or PO Box) | |
| <133> | City | |
| <134> | State | |
| <135> | Zip-Code | |
| <136> | Telephone Number | |
| <137> | Fax Number | |
| <138> | Email Address | |

448041 CPRd TX.zip

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| Printed name of Authorized Officer: | Ana Bataille |
| Title or position of Authorized Officer: | Tax & Regulatory Manager |
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| Study Area Code of Reporting Carrier: | 448041 Filing Due Date for this form: 07/01/2015 |
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| Name of Reporting Carrier: | |
| Signature of Authorized Officer or Employee: | Date: |
| Printed name of Authorized Officer or Employee: | |
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Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/25/2015

Printed name of Authorized Officer: Ana Bataille

Title or position of Authorized Officer: Tax & Regulatory Manager

Telephone number of Authorized Officer: 6105356911 ext.

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Name of Attached Document (.pdf)

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- <151> Compliance with Facilities Siting rules
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- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

| Select (Yes, No, Not Applicable) |
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| <200> | Date Authorized to Receive Support | 08/16/2013 |
| <201> | Targeted Completion Date | 08/17/2015 |
| <202> | Total Mobility Fund Support Awarded | 263790.00 |
| <203> | Total Mobility Fund Support Disbursed | 87930.00 |

| | | |
|-------|------------------------|--|
| <210> | Actual Completion Date | |
|-------|------------------------|--|

| | | |
|-------|---------------------------------------|-------------------|
| <211> | Project Status Description (attached) | 448041_PSD_TX.pdf |
|-------|---------------------------------------|-------------------|

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

| | | |
|-------|---|-------------------------------------|
| <212> | Status of Network Deployment - Network Design | <input checked="" type="checkbox"/> |
| <213> | Status of Network Deployment - Construction | <input checked="" type="checkbox"/> |
| <214> | Status of Network Deployment - Deployment | <input checked="" type="checkbox"/> |
| <215> | Status of Network Deployment - Maintenance | <input checked="" type="checkbox"/> |
| <216> | Project Budget Status | <input checked="" type="checkbox"/> |
| <217> | Project Plan Status | <input checked="" type="checkbox"/> |

| | | |
|-------|--|--|
| <218> | Certify Network will Support 3G/4G Mobile Service (Yes / No) | <input checked="" type="radio"/> <input type="radio"/> |
|-------|--|--|

| | |
|---|-----------------------------|
| <010> Study Area Code | 448041 |
| <015> Study Area Name | Texas 10, LLC |
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| Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier | |
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| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: _____ | |
| Signature of Authorized Officer: _____ | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier | |
|---|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: _____ | |
| Name of Authorized Agent or Employee of Agent: _____ | |
| Signature of Authorized Agent or Employee of Agent: _____ | Date: _____ |
| Printed name of Authorized Agent or Employee of Agent: _____ | |
| Title or position of Authorized Agent or Employee of Agent: _____ | |
| Telephone number of Authorized Agent or Employee of Agent: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

[illegible]

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FCC Form 690 – Coverage and Performance Data Update

Texas 10, LLC (“Texas 10” or “the Company”) has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company’s construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company’s disbursement request filings for additional coverage and performance information.

Texas 10, LLC
Form 690 – Annual Report for August 2014 – July 2015

Project Status Description

Item: SAC 448041
County/State: Shelby, TX
Total Award Amount: \$263,790.00

Project Description

The initial Project Description for this project was filed by Texas 10, LLC (“Texas 10” or “the Company”) on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code 448042
<015> Study Area Name Texas 10, LLC
<020> Program Year 2015
<030> Contact Name: Person USAC should contact with questions about this data Ana Bataille
<035> Contact Telephone Number: Number of the person identified in data line <030> 6105356911 ext.
<039> Contact Email: Email of the person identified in data line <030> abataille@celloneration.com

Accepted / Filed

JUN 25 2015

Federal Communications Commission
Office of the Secretary

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040>

☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<050> Carrier Contact Information

(complete attached worksheet)

<050>

☒

<060> Coverage and Performance Report

(complete attached worksheet)

<060>

☒

<070> Urban Rate Comparability Certification

(complete attached certification)

<070>

☒

<080> Tribal Lands Reporting (y/n?)

(Does this study area cover tribal lands? Yes or No)

(If yes, complete the attached worksheet)

<080>

☐ ☒

☐

<090> Project Update Information

(complete attached worksheet)

<090>

☒

<100> Certifications

<101> Reporting Carrier Certification

(complete attached certification)

<101>

☒

<102> Agent Certification

(complete attached certification)

<102>

☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

| | | |
|-------|---|-----------------------------|
| <010> | Study Area Code | 448042 |
| <015> | Study Area Name | Texas 10, LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ana Bataille |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6105356911 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | abataille@cellonenation.com |

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

| | | |
|-------|-----------------------------|----------------------------------|
| <110> | FCC Registration Number | 0017235110 |
| <111> | Filing Carrier Name | Texas 10, LLC |
| <112> | Winning Bidder Carrier Name | Texas 10, LLC |
| <113> | Street Address (or PO Box) | 1170 Devon Park Drive, Suite 104 |
| <114> | City | Wayne |
| <115> | State | PA |
| <116> | Zip-Code | 19087 |
| <117> | Telephone Number | 6105356911 ext. |
| <118> | Fax Number | 6106885209 |
| <119> | Email Address | abataille@cellonenation.com |

Contact Information

if same as above, indicate in this box



| | | |
|-------|--------------------------------|----------------------------------|
| <120> | Name (First, MI, Last, Suffix) | Ana Bataille |
| <121> | Filing Carrier Name | Texas 10, LLC |
| <122> | Street Address (or PO Box) | 1170 Devon Park Drive, Suite 104 |
| <123> | City | Wayne |
| <124> | State | PA |
| <125> | Zip-Code | 19087 |
| <126> | Telephone Number | 6105356911 ext. |
| <127> | Fax Number | 6106885209 |
| <128> | Email Address | abataille@cellonenation.com |

Authorized Agent Information

if no agent, indicate in this box



| | | |
|-------|--------------------------------|--|
| <130> | Name (First, MI, Last, Suffix) | |
| <131> | Company | |
| <132> | Street Address (or PO Box) | |
| <133> | City | |
| <134> | State | |
| <135> | Zip-Code | |
| <136> | Telephone Number | |
| <137> | Fax Number | |
| <138> | Email Address | |

448042 CPRd TX.zip

[illegible]

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| | |
|---|-----------------------------|
| <010> Study Area Code | 448042 |
| <015> Study Area Name | Texas 10, LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Ana Bataille |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 6105356911 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | abataille@celloneration.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

| | |
|--|--|
| Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) | |
| I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | Texas 10, LLC |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date 06/25/2015 |
| Printed name of Authorized Officer: | Ana Bataille |
| Title or position of Authorized Officer: | Tax & Regulatory Manager |
| Telephone number of Authorized Officer: | 6105356911 ext. |
| Study Area Code of Reporting Carrier: | 448042 Filing Due Date for this form: 07/01/2015 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| | |
|---|--------------------------------|
| Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier | |
| I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer or Employee: | Date: |
| Printed name of Authorized Officer or Employee: | |
| Title or position of Authorized Officer or Employee: | |
| Telephone number of Authorized Officer or Employee: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|--------------------------------|
| Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | |
| Name of Authorized Agent or Employee of Agent: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Printed name of Authorized Agent or Employee of Agent: | |
| Title or position of Authorized Agent or Employee of Agent: | |
| Telephone number of Authorized Agent or Employee of Agent: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |